

CHOICES

A Program for Women About Choosing Healthy Behaviors



CLIENT WORKBOOK

National Center on Birth Defects and Developmental Disabilities
Division of Birth Defects and Developmental Disabilities



CHOICES

**A Program for Women About Choosing Healthy Behaviors
to Avoid Alcohol-Exposed Pregnancies**

CLIENT WORKBOOK

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

National Center for Birth Defects and Developmental Disorders
Division of Birth Defects and Developmental Disabilities
Atlanta, GA

August 2011

ACKNOWLEDGEMENTS

The Project CHOICES Intervention Development Team developed and wrote the CHOICES intervention that included the Client Workbook and Counselor Manual from which the Facilitator Guide for this curriculum was developed. The Team included Mary M. Velasquez, PhD, Karen Ingersoll, PhD, Mark B. Sobell, PhD, ABPP, R. Louise Floyd, DSN, RN, Patricia D. Mullen, DrPH, Mary Nettleman, MD, MS, Linda Carter Sobell, PhD, ABPP, Deborah Gould, PhD, Sherry Ceperich, PhD, and Kirk Von Sternberg PhD. The following participated in the development of the curriculum materials: Mary M. Velasquez, PhD, Karen Ingersoll, PhD, Mark B. Sobell, PhD, ABPP, R. Louise Floyd, DSN, RN, Linda Carter Sobell, PhD, ABPP, and Sherry Ceperich, PhD.

Centers for Disease Control and Prevention (CDC) provided oversight of the curriculum development project and participated in all aspects of the process. CDC participants were R. Louise Floyd, DSN, RN and Catherine A. Hutsell, MPH.

TKC Integration Services (TKC) worked with key members of the CHOICES Intervention Development Team and CDC in the development of a training curriculum based on the original protocols used in the successful Project CHOICES Efficacy Study. TKC staff included Caroline Bailey, MA, MPH, Julie Emery, MS, MPH, Jim Sacco, MSW, Sheryl Scott, MPH, and Jodi Verbeek.

Social Solutions International, Inc. (SSI) worked with TKC to provide support services in formatting and editing the printed curriculum components. SSI staff included Susanna Nemes, PhD, Jenny Namur Karp, MPH, Ami Lynch, PhD, Sakiya Thomas, and Elaine Bonneau.

The Academic Edge, Inc. provided video production services in filming selected components of the intervention using actual interventionists and actors hired by the Academic Edge. These individuals included Sherry Ceperich, PhD, Nanette Stephens PhD (interventionists), TyMyra Henderson, Angie Raygada, Amy Morgan , and Rae Damon (actors). Richard Goldsworthy, Peter Honebein, and Steve Rapa filmed and produced the videos.

The findings and conclusions in this report are those of the authors and do not necessarily represent this official position of the Centers for Disease Control and Prevention.

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SESSION 1

CHOICES

Session 1

Activities for today's session:

- Discuss “What is CHOICES?”
- Review important things to know about alcohol, pregnancy, and birth control use.
- Provide information to help you think about your alcohol and birth control use.
- Complete the CHOICES decision exercises.
- Review reminders of what to do between now and your next session.
- Schedule your next session.

WHAT IS CHOICES?

What is CHOICES?

CHOICES is a program for women about choosing healthy behaviors. The Centers for Disease Control and Prevention developed it to help prevent alcohol-exposed pregnancies (which we will refer to as AEP). An AEP can result in a broad range of birth defects and disabilities, including babies born with Fetal Alcohol Syndrome (FAS), Fetal Alcohol Spectrum Disorders (FASD), or other adverse outcomes.

Who is CHOICES for?

CHOICES is designed to help women like you — nonpregnant women of childbearing age — reduce the risk of an AEP. To reduce *your* risk of an AEP, CHOICES will provide you with information on how to make the choice that is best for you: reduce your drinking and/or increase your use of birth control.

How does CHOICES work?

CHOICES is a four-session program, plus a birth control visit, that:

- Assesses potentially risky drinking behavior (more than seven standard drinks per week, or more than three drinks on any one occasion) and ineffective contraceptive use
- Provides you with new information to assess your current level of risk for an AEP
- Is tailored to meet your level of readiness to change alcohol use and contraceptive behaviors
- Focuses on lowering the risk of an AEP



What are the positive outcomes of CHOICES?

- Reduced risk of AEP: Using effective contraception or drinking below risky levels
- Effective contraception: Using an accepted method of contraception as directed
- Below risky drinking levels: Drinking seven or fewer drinks per week and three or fewer drinks on any one occasion

DRINK CHART

What Is a Standard Drink?

Because different types of alcoholic beverages contain different amounts of alcohol, we ask people to count and record the number of standard drinks they have. A standard drink =



BEER

One 12-oz. (5%)* can, bottle, or mug of beer



WINE

One 5-oz. (12%)* glass of table wine

One 3 oz. (20%)* glass of fortified wine, like sherry or MD 20/20



WINE COOLER

One 12-oz. (5%)* can or bottle of wine cooler



HARD LIQUOR

One 1 ½-oz. (40%)* of liquor, as in a mixed drink or a "shot" of liquor

**Note: Numbers in parentheses above refer to the percentage of alcohol in each standard drink.*

Drinks Per Bottle

Some people find it easier to keep track of drinks by counting the number of bottles of wine, liquor, or beer that they drink. If the total cannot be divided into an even number of standard drinks, round it up to the next marker number (for example, count a 32-ounce beer as 36 ounces—which equals 3 standard drinks).

Wine:

- Regular bottle (25 oz./750 ml) = 5 drinks
- Large bottle (40 oz./1.5) = 8 drinks

Fortified Wine:

- Regular bottle (25 oz.) = 8 drinks

Fortified wine is 20% alcohol by volume. Examples include sherry (Harvey's Bristol Cream, etc.), MD 20/20, and Thunderbird.

Beer:

- Quart bottle (32 oz.) = 3 drinks
- Forty ounce (40 oz.) = 4 drinks

Malt Liquor

- Mike's Hard Lemonade (12 oz.) = 2 drinks

Hard Liquor

- Half-pint bottle (8 oz.) = 5 drinks
- Mickey (12 oz.) = 8 drinks
- Pint bottle (16 oz.) = 11 drinks
- Fifth bottle (25 oz./750 ml) = 17 drinks
- Liter bottle (40 oz./1.15 l) = 27 drinks
- Half gallon (64 oz.) = 43 drinks

Alcohol, Pregnancy, and Birth Control: Important Facts for Women

- Alcohol is a drug that can have harmful effects. The more alcohol you drink, the stronger the effects are.
- If a woman has more than seven drinks per week or more than three drinks on any one occasion, she is engaging in risky drinking.

There is no known safe level of drinking for pregnant women.

- When a woman engages in risky drinking, is sexually active, and doesn't use birth control:
 - She is at risk for becoming pregnant.
 - She is at risk for having a baby with developmental problems due to drinking during pregnancy. These can range from mild behavioral problems to a severe condition known as Fetal Alcohol Syndrome.
- More than half of all pregnancies occur when women are not planning to become pregnant. Many women do not realize they are pregnant until several months of pregnancy have passed. Thus, if you are planning a pregnancy or could become pregnant, it is safest not to drink at risky levels at any time.
- If you do not wish to become pregnant, there are many safe birth control methods to use. They must be used correctly each time you have vaginal intercourse.
- It is especially important not to drink at risky levels if you are trying to become pregnant or if you do not use birth control regularly and consistently.

Alcohol, Health, and Social Problems: Important Facts for Women

Risky drinking can:

- Cause problems with your work, family and friends, money, and the law
- Increase your chances of getting breast or other cancers
- Increase your chances of accidents and injuries
- Put you at risk for unprotected sex, an unplanned pregnancy, and sexually transmitted diseases, including HIV/AIDS
- Put you at risk for having a miscarriage if you get pregnant
- Result in a baby being born with Fetal Alcohol Syndrome or other Fetal Alcohol Spectrum Disorders



What is Birth Control?

Birth control is one or more actions, devices, or medications used to help prevent pregnancy.

There are a number of birth control methods on the market. However, not all methods are appropriate for, or available to, all women. It is important to talk to a health care provider or birth control expert to determine which method is right for you.

Birth Control Methods Most Commonly Used in the United States

Male and female condoms

- Must be used every time.
- Female condom must be inserted before penetration at the start of intercourse.
- Must be used before expiration date.
- Must not break during intercourse.

Birth control pills

- Must be taken on time every day, at the same time each day.
- Missing one pill/ doubling up on the next day is still effective.
- It is *ineffective if missed two days in a row*; user must wait until the end of the following menstrual cycle to begin again.

Diaphragm/Cervical Cap

- A latex thimble-shaped device, it is inserted into the vagina and fits snugly over the cervix.
- Spermicide must be spread around the cup.
- Must be in place before intercourse.
- Must be kept in place six hours after intercourse.

Spermicide

- Must be used along with another method of contraception (condom, diaphragm/cervical cap) every time.
- It is ineffective if used alone.

NuvaRing

- Must be inserted and left in for three whole weeks, then taken out for one week during menstrual flow.

Emergency contraception/EC (if available)

- Must only be used in emergency situations.
- First EC pill recommended to be taken within 72 hours (three days) after unprotected sex, but can be taken up to 120 hours (five days); second EC pill must be taken 12 hours after first EC. Both pills may be taken at the same time.
- It is ineffective if relied upon as the main form of contraception.

Patch

- A new patch must be put on an appropriate section of the body every week for three weeks, followed by one “patch-free” week during menstrual flow.

Intrauterine device/IUD

- An IUD can be left in place for several years, depending on the type; ensure that a doctor monitors IUD use.

Depo-Provera shot

- Given every 11-13 weeks (schedule is determined by your doctor). Use is limited to two years.

Implanon

- Should have been inserted within the past three years.

DAILY JOURNAL

The CHOICES daily journal helps you keep track of three things:

- If and how much you drink
- If and how often you have vaginal intercourse
- If and how often you use a birth control method on the days you have vaginal intercourse

Using the daily journal will help you track your behaviors over time. As you complete the CHOICES program, you will be able to see changes you have made in your behavior. Regular use of your journal also may help you recognize the situations that lead to your drinking, having unprotected sex, or both. This recognition may help you think of ways to handle these situations differently in the future.

To get the most out of your journal, remember to do the following:

- Fill it out every day and bring it with you to every session.
- Be honest to get the most out of this program. Remember there are no right or wrong answers to any of the questions in your journal.



Daily Journal Instructions

The daily journal is designed for use every day. It takes only a few minutes to complete, and it will help you track and think about your alcohol and birth control use.

Make a note of the date at the top of each journal page. Then complete one row per day.

You can complete the journal at the end of each day (for example, at the end of the day on Monday, fill in the information about Monday), or you can complete your journal in the morning for the previous day (for example, on Tuesday morning, fill in the information about Monday). To ensure you include complete and accurate information, do not wait more than 24 hours before completing your journal entry.

You will use the following information to complete your daily journal:

1. Vaginal intercourse

Indicate whether you had vaginal intercourse on this day by circling “yes” or “no.”

2. Birth control use

If you had vaginal intercourse one or more times on this day, indicate whether you used a birth control method each time you had sex by circling “yes” or “no.”

3. Birth control method

If you answered “yes” to using birth control, indicate the type or types of birth control you used in the blank space provided.

4. Drinking behavior

Based on the definitions and the drink chart on page 8, enter the total number of standard drinks you consumed. Enter “0” if you did not drink on this day.

Daily Journal

For:

From: / /

To: / /

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
| Mon | Yes No | Yes No | | |
| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
| Mon | Yes No | Yes No | | |
| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

Use the back of this page if you need to say more about your drinking, sexual activity or birth control.

Thinking about Drinking

This decision exercise will help you think about the pros and cons of your drinking.

Make a list of the good things and not so good things about your drinking.

Good things about my drinking

Examples: *"I'm more relaxed; I will not have to think about my problems for a while;
I'm more comfortable with drinking friends."*

Not so good things about my drinking

Examples: *"Disapproval from family and friends; increased chance of legal and job trouble; costs too much money."*

Thinking about Birth Control

This decision exercise will help you think about the pros and cons of your use of birth control.

Make a list of the good things and not so good things about using birth control.

Good things about my current use of birth control

Examples: "I don't have to plan ahead for sex; I can relax and forget about responsibilities; I don't have to worry about side effects."

Not so good things about my current use of birth control

Examples: "I might get pregnant before I'm ready; if I drink, I can harm the baby before I realize it; I will feel bad for getting pregnant even though birth control is available."

Reminders for Session 2

- Read these pages, “Alcohol, Health, and Social Problems: Important Facts for Women”, “Alcohol, Pregnancy and Birth Control: Important Facts for Women”, and “Birth Control Methods Most Commonly Used in the United States”.
- Complete the daily journal each day and bring it to the next session.
- Make a list of questions you want to ask at your next session.
- Plan to have three more sessions, plus a visit with an expert on birth control.

Next session date and time: _____



CHOICES

SESSION 2

Session 2

Activities for today's session:

- Evaluate how risky your drinking is compared with other women in your age group.
- Discuss your current birth control use.
- Discuss any changes you might want to make in your alcohol and birth control use.
- Set goals for your alcohol and birth control use.
- Make a plan for reaching your goals.
- Review challenges that might make it hard for you to reach your goals.
- Review your daily journal.
- Review reminders of what to do between now and your next session.
- Schedule your next session and your visit with the birth control expert.



Your Personal Feedback

At the last session, you said:

You typically drink _____ drinks per week.

On occasion, you may drink _____ drinks in a single day.

As we have discussed, certain types of drinking can increase your chances of having health and social problems, including an alcohol-exposed pregnancy. That means the more you drink, the greater your chance of having problems, and the more you put your unborn child at risk. There are two basic levels of drinking:

1. Low Risk (Moderate) Drinking

Definition: *No more than seven drinks per week and no more than three drinks on any one day.*

Risks: If you are already pregnant or become pregnant, drinking alcohol may increase your chance of miscarriage or of having a baby with birth defects.

Moderate drinking usually does not cause problems if you are not pregnant, unless you drink at the wrong time (for example, on the job), have medical conditions (for example, diabetes), or take certain medications (for example, tranquilizers). **No known amount of alcohol is safe during pregnancy.**

2. Risky Drinking

Definition: *More than seven drinks per week or more than three drinks on any one day.*

Risks: The health and social problems related to risky drinking depend on how much you drink. In general, the more you drink, the more at risk you are for problems. Heavy drinking can:

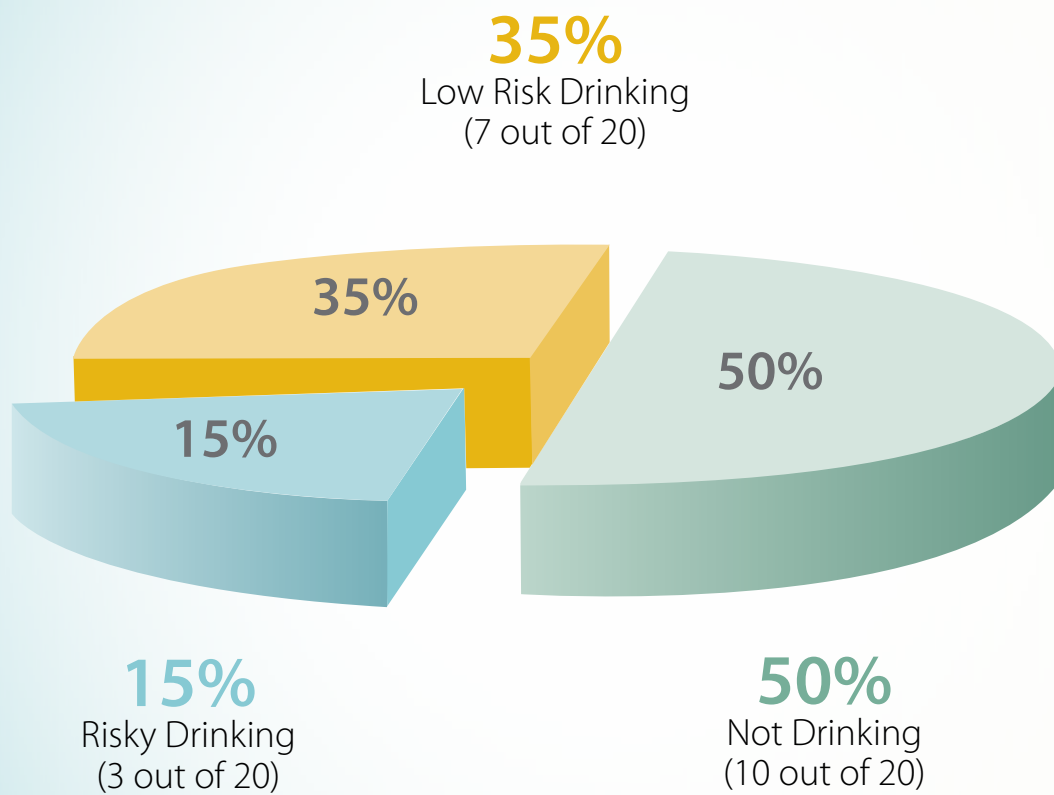
- Cause problems with your work, family and friends, money, and the law
- Increase your chances of getting breast or other cancers
- Increase your chances of accidents and injuries
- Put you at risk for unprotected sex, an unplanned pregnancy, and sexually transmitted diseases, including HIV/AIDS
- Put you at risk for having a miscarriage if you become pregnant or result in the baby having Fetal Alcohol Syndrome or another prenatal alcohol related condition.

Your Personal Feedback

How does your drinking compare with other women?

Your current drinking level falls into the _____ group.

You are drinking more than _____ % of women aged 18–44.



Reference: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

Your Personal Feedback

How much money did you spend on alcohol in the past year?

Based on what you told us, you drank about _____ drinks in the past three months.

If you multiply that number by four, you drank about _____ drinks in the past year.

If you usually drink at home and an average drink at home costs about \$2.50, then you spent about \$ _____ on alcohol in the past year. (*Total drinks per year x \$2.50*)

If you usually drink at a bar or restaurant and an average drink there costs about \$6, then you spent about \$_____ on alcohol in the past year. (*Local prices may be different. Total drinks per year \times \$6 or local price of a drink.*)

How many calories did you get from alcohol per drinking day?

Based on what you told us, you drank about _____ drinks per drinking day.

If an average drink has 100 calories, you got about _____ calories per drinking day from alcohol.
(Total number of drinks per day x 100)

The average woman takes in approximately 1,800 calories per day.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Your Personal Feedback

Pregnancy risk:

- ☐ Low You use birth control correctly every time you have vaginal intercourse.
- ☐ High You never use birth control or you sometimes have vaginal intercourse without using birth control correctly.

You are at risk for an alcohol-exposed pregnancy because:

A hand holding a white smartphone against a background of horizontal light blue and white stripes. The hand is positioned in the upper right corner, with the thumb resting on the screen. The background consists of alternating horizontal stripes of light blue and white, creating a clean, modern aesthetic.

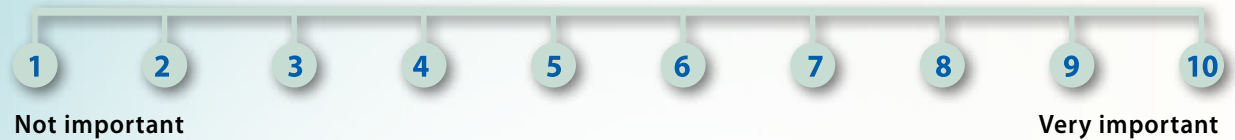
Your Personal Feedback

| TEMPTATION AND CONFIDENCE – ALCOHOL | | | | | | |
|--|---|---|---|---|---|---|
| Unpleasant emotions | | | | | | T |
| | | | | | | C |
| Physical discomfort | | | | | | T |
| | | | | | | C |
| Pleasant emotions | | | | | | T |
| | | | | | | C |
| Testing control over my use of alcohol | | | | | | T |
| | | | | | | C |
| Urges and temptations | | | | | | T |
| | | | | | | C |
| Conflict with others | | | | | | T |
| | | | | | | C |
| Social pressure to drink | | | | | | T |
| | | | | | | C |
| Pleasant times with others | | | | | | T |
| | | | | | | C |
| | 1 | 2 | 3 | 4 | 5 | |

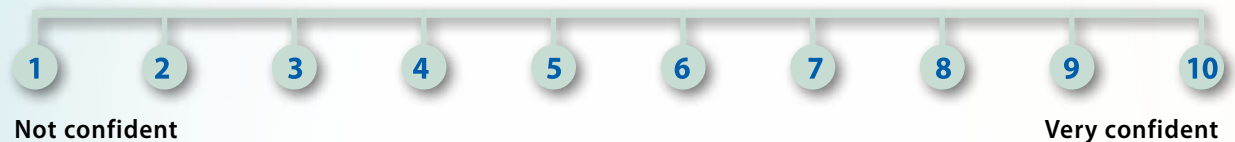
| TEMPTATION AND CONFIDENCE – BIRTH CONTROL | | | | | | |
|--|---|---|---|---|---|---|
| I have been using alcohol or drugs | | | | | | T |
| | | | | | | C |
| My partner gets upset or angry | | | | | | T |
| | | | | | | C |
| I experience side effects from the birth control | | | | | | T |
| | | | | | | C |
| The birth control is too much trouble | | | | | | T |
| | | | | | | C |
| I am with someone other than my main partner | | | | | | T |
| | | | | | | C |
| | 1 | 2 | 3 | 4 | 5 | |

Self-Evaluation: Alcohol

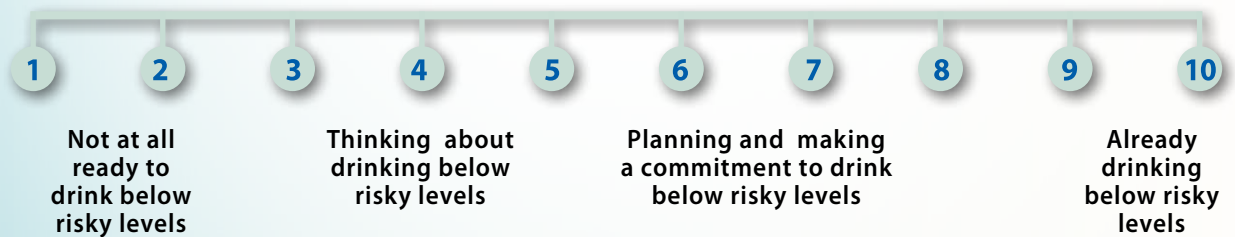
On the following ruler, please circle the point that best reflects how important it is to you to drink below risky levels. ("Below risky" means having seven or fewer drinks per week, or three or fewer drinks on any one occasion).



On the following ruler, please circle the point that best reflects how confident you are that you can drink below risky levels.



On the following ruler, please circle the point that best reflects how ready you are to drink below risky levels.



Goal Statement: Alcohol Use

- ☐ Option 1: I plan to not drink at all.
- ☐ Option 2: My plans for drinking are:
- a. To drink no more than _____ drinks on the days when I drink.
 - b. To drink on no more than _____ days during an average week.
 - c. To never drink more than _____ drinks on any one day.
 - d. Other (specify):

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Change Plan: Alcohol Use

The most important reason I chose this goal is:

The steps I plan to take to reach my goal are:

The ways other people can help me are:

Person

Possible ways to help

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Some things that could get in the way of my plans are:

I will deal with these concerns by:

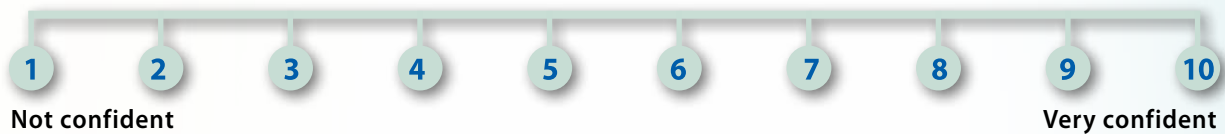
I will know that my plan is working if:

Self-Evaluation: Birth Control

On the following ruler, please circle the point that best reflects how important it is to you to use birth control every time you have sex.



On the following ruler, please circle the point that best reflects how confident you are that you can use birth control every time you have sex.



On the following ruler, please circle the point that best reflects how ready you are to use birth control every time you have sex.



Goal Statement: Birth Control

- ☐ Option 1: I plan to use birth control every time I have vaginal intercourse (specify method) _____.
- ☐ Option 2: I plan to use birth control sometimes, but not every time I have vaginal intercourse.
- ☐ Option 3: I plan to have vaginal intercourse and to not use birth control.
- ☐ Option 4: I plan not to have vaginal intercourse.



Change Plan: Birth Control

The most important reason I chose this goal is:

The steps I plan to take to reach my goal are:

The ways other people can help me are:

Person

Possible ways to help

| | |
|--|--|
| | |
| | |
| | |
| | |

Some things that could get in the way of my plans are:

I will deal with these concerns by:

I will know that my plan is working if:

Daily Journal

For:

From: / /

To: / /

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
| Mon | Yes No | Yes No | | |
| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
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| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

Use the back of this page if you need to say more about your drinking, sexual activity or birth control.

Reminders for Session 3:

- Complete your journal every day and bring it to your next session.
- Review your goal statements and change plans.
- Make a list of questions you want to ask at your next session.
- See your birth control expert on _____.
- Plan to attend two more sessions.

Next session date and time: _____



CHOICES

SESSION 3

Session 3

Activities for today's session:

- Discuss your birth control visit.
- Discuss changes in your alcohol and birth control use.
- Review your daily journal.
- Review your goals and change plans.
- Review your decision exercise results.
- Review reminders of what to do between now and your next session.
- Schedule your final session.

Birth Control Visit

What I learned at my birth control visit.

I learned that the following birth control method(s) are good options for me:

1.

2.

3.

I can get/buy this birth control at:

1.

2.

3.

Based on my birth control visit, I have decided:

Daily Journal

For:

From: / /

To: / /

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
| Mon | Yes No | Yes No | | |
| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

| DATE | Had Vaginal Intercourse This Day? | Used Birth Control Every Time? | What Type of Birth Control Did You Use? | How Many Standard Drinks Did You Have On This Day? |
|------|-----------------------------------|--------------------------------|---|--|
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| Tues | Yes No | Yes No | | |
| Wed | Yes No | Yes No | | |
| Thur | Yes No | Yes No | | |
| Fri | Yes No | Yes No | | |
| Sat | Yes No | Yes No | | |
| Sun | Yes No | Yes No | | |

Use the back of this page if you need to say more about your drinking, sexual activity or birth control.

Reminders for Session 4:

- Complete your journal every day and bring it to your last session.
- Review your goal statements and change plans.
- Make a list of questions you want to ask at your last session.
- Plan to attend one more session.

Next session date and time: _____



CHOICES

SESSION 4

Session 4

Activities for today's session:

- Evaluate how useful this program has been in helping you make changes in your alcohol and birth control use.
- Discuss your birth control visit.
- Update your current goal statements and change plans.
- Discuss your follow-up appointments.
- Discuss ways to keep in touch during the next six months (as applicable).

Final Goal Statement: Alcohol Use

- ☐ Option 1: I plan to not drink at all.
- ☐ Option 2: My plans for drinking are:
- a. To drink no more than _____ drinks on the days when I drink.
 - b. To drink on no more than _____ days during an average week.
 - c. To never drink more than _____ drinks on any one day.
 - d. Other (specify):

Final Change Plan: Alcohol Use

The most important reason I chose this goal is:

The steps I plan to take to reach my goal are:

The ways other people can help me are:

| Person | Possible ways to help |
|--------|-----------------------|
| | |
| | |
| | |
| | |

Some things that could get in the way of my plans are:

I will deal with these concerns by:

I will know that my plan is working if:

Final Goal Statement: Birth Control

- ☐ Option 1: I plan to use birth control every time I have vaginal intercourse
(specify method) _____.
- ☐ Option 2: I plan to use birth control sometimes, but not every time I have vaginal intercourse.
- ☐ Option 3: I plan to have vaginal intercourse and to not use birth control.
- ☐ Option 4: I plan not to have vaginal intercourse.

Final Change Plan: Birth Control

The most important reason I chose this goal is:

The steps I plan to take to reach my goal are:

The ways other people can help me are:

Person

Possible ways to help

| | |
|--|--|
| | |
| | |
| | |
| | |

Some things that could get in the way of my plans are:

I will deal with these concerns by:

I will know that my plan is working if:

What I Learned from CHOICES

What are the three most important things you learned from CHOICES?

1.

2.

3.



CHOICES

ADDITIONAL RESOURCES

Upcoming Appointments

Contact Information

